

JC698
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PTO/SB/05 (4/98)

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 12-019

First Inventor or Application Identifier

TAKADA

Title

METHOD OF FABRICATING HOLOGRAM SCREEN
AND HOLOGRAM IMAGING APPARATUS

Express Mail Label No.

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 37]

- Descriptive title of the Invention
- Cross Reference to Related Applications
- Background of the Invention
- Summary of the Invention
- Brief Description of the Drawings
- Detailed Description of the Preferred Embodiment
- Claims
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 15]

4. Oath or Declaration [Total Sheets 3]

a. Newly executed (original or copy)

b. Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed)

i. DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Copy

b. Paper Copy (identical to computer copy)

c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))

8. 37 C.F.R. § 3.73(b)
Statement
(when there is an assignee) Power of
Attorney

9. English Translation Document (if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(should be specifically itemized)

13. *Small Entity Statement(s) Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired

14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. Other:

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application information: Examiner _____

Group/Art Unit: _____

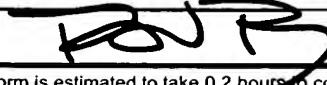
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  or Correspondence address below
(Insert Customer No. or Attach bar code label here) 23400

PATENT & TRADEMARK OFFICE

Name			
Address			
City	State	Zip Code	
Country	Telephone	(202) 416-1638	Fax (202) 416-1639

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature			
			Date 1-18-02

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LAW OFFICE OF
DAVID G. POSZ
2000 L STREET, N.W., SUITE 200
WASHINGTON, D.C. 20036

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
CHARLES W. BETHARDS *
KERRY S. CULPEPPER

* ADMITTED ONLY IN ILLINOIS
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TRADEMARK AND COPYRIGHT MATTERS

January 18, 2002

(202) 416-1638
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Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

OIPE HAND DELIVERY FILING CERTIFICATE

Applicant: TAKADA

For: METHOD OF FABRICATING HOLOGRAM SCREEN AND HOLOGRAM IMAGING APPARATUS

Docket: 12-019

Attorney: David G. Posz

Date of Deposit: January 18, 2002

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I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- 37 page specification including 10 numbered claims;
- 15 sheets of formal drawings
- executed declaration/power of attorney;
- executed assignment with recordation cover sheet (2 pages total); and
- check for \$1116.



David G. Posz
Reg. No. 37,701
Attorney for Applicant

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1116)

Complete if Known

Application Number	
Filing Date	January 18, 2002
First Named Inventor	TAKADA
Examiner Name	
Group/Art Unit	
Attorney Docket No.	12-019

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1147**Deposit Account Name **LAW OFFICE OF DAVID G. POSZ** Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)		(\$ 740)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
10	-20**=	0	18
7	- 3***=	4	84

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
103	18	203
102	84	202
104	280	204
109	84	209
110	18	210
SUBTOTAL (2)		(\$ 336)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1440	218	720
128	1960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(202) 416-1638
Signature				Date	1-18-02

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